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Initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies. *810609*

810609

IL#489

IL5-000 -001-499

Enter the name and address of the person or organization required to notify.

Name	Martin Marietta Corporation		
Street	6801 Rockledge Drive		
City	Bethesda,	State	MD. Zip Code 20034

Enter the common name (if known) and actual location of the site.

**SINCLAIR AND VALENTINE CO.**  
Name of Site ~~See Accompanying Letter~~  
Street **4101 SO. PULASKI RD.**  
City **CHICAGO** County \_\_\_\_\_ State **IL** Zip Code **60632**

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title) Light, Elliott D.; Assistant General Counsel  
Phone (301) 897-6129

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

Not Known - See Accompanying Letter

From (Year) To (Year)

EPA Region 5 Records Ctr.



**356011**

**Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.**

Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

Place an X in the appropriate boxes.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☒ Other (Specify)  
Mfr. of Inks

**Option 2:** This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

[illegible]

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RORA SECTION  
EPA REGION III

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Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☒ Other (Specify) Not known

Total Facility Waste Amount  
cubic feet Not known  
gallons \_\_\_\_\_  
Total Facility Area  
square feet Not known  
acres \_\_\_\_\_

**G Known, Suspected or Likely Releases to the Environment:**

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☒ Not known

Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

**H Sketch Map of Site Location: (Optional)**

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

**I Description of Site: (Optional)**

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

**J Signature and Title:**

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name Elliott D. Light, Asst. General Counsel

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Signature Elliott D. Light

Date 6/4/81

- ☐ Owner, Present  
☒ Owner, Past  
☐ Transporter  
☐ Operator, Present  
☐ Operator, Past  
☐ Other